FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000080653 (4)

PROPE	RTY ACQ	uisition & Mah	AGEMENT INC	,							
Principal Plac	e of Busines	<u> </u>	Mailing Addr	ess					(1 00/01 16/4)		0 ekil i 00 1
4408 HUNTING TRAIL LAKE WORTH FL 33467 4408 HUNTING TRAIL LAKE WORTH FL 33467-3522											
								3. Date Incorporated or Qualified 09/26/1996	3a. Date of Last Report		
21				2e. Mailing Address 26				65-0700056		No	plied For t Applicable
Suite, Apt.	#, etc.		 	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
22 City & Stat	le		27 City & Sta	ile				.6. Election Campaign Financing		\$5.00	
23				28				Trust Fund Contribution		Added t	
Zip		Country	Zip			intry	·- <u>-</u>	8. This corporation has liability for			199.032,
24	6 Namo	and Address of Cur	29		30			Florida Statutes 10. Name and Address of New Re		No Acont	
DAC	RBOUR, MC		ent Hegistered Age			81	Name	IV. Name and Address of New Ne	gistered .	Agent	
					1	82		ata /0 O Pay Number is Not Assessed	ale)		
4408 HUNTING TRAIL LAKE WORTH FL 33467						02	Street Audit	ess (P.O. Box Number is Not Acceptat	ле <i>)</i> 		
						83					
						84	City		FL	. 1	Code
11. Pursuant office or a agent. La	to the provis registered ag am familiar w	ions of Sections 607.0 gent, or both, in the Sta ith, and accept the ob-	0502 and 607.1508, F ate of Florida Such c ligations of, Section 6	lorida Statute hange was a 807.0505, Flo	es, the al authorized rida Stat	bove d by utes	e-named corp the corporati	oration submits this statement for the pon's board of directors. I hereby acception	ourpose of pt the app	f changing it ointment as	s registered registered
SIGNATURE		or printed name of registered						ed when reinstating)	DATE		
12.	aignature, typicu		AND DIRECTORS	(NOIE		u Mgei	in signature requie				
		Of HULING A	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR:	S IN 12
TITLE	P			DELETE	1.170	TLE		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR:	S IN 12 Addition
TITLE NAME		IR, MONIQUE M		DELETE				ADDITIONS/CHANGES TO OFFIC	ERS AND		
	4408 HU	IR, MONIQUE M INTING TRAIL		DELETE	1.1 Tr 1.2 N/	AME	ADDRESS	ADDITIONS/CHANGES TO OFFIC	ERS AND		
NAME STREET ADDRESS CITY-ST:ZIP	4408 HU	IR, MONIQUE M			1.1 TC 1.2 N/ 1.3 ST 1.4 CC	AME IREET TY-ST		ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	Addilion
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the modern or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if dianged from a attachment with an address.

FILED

Mar 13 1997 8:00am

Secretary of State